

FINANCIAL AID FORM
Verification of Court/State Ward Status
Michigan Department of Human Services

Name:

DOB:

SS Number:

Court Number:

County of Jurisdiction:

_____ was a ward of the court/state on
(Youth's Name)
their 18th birthday _____
(Date of 18th Birthday)

- ☐ continues to be a ward of the court/state with an open foster care case*.
- ☐ continues to be a ward of the Tribal court with an open foster care case*.
- ☐ foster care case closed on _____.

_____ meets the requirements as an independent student.**
(Youth's Name)

For further information, please contact the Foster Care Case Manager

_____ at _____
(Name) (Phone Number)

Foster Care Case manager, Date

*Foster care cases include placements in foster family homes, relative's homes, group homes, emergency shelters, residential facilities, child care institutions and pre-adoptive placements.

**Requirement for meeting independent student status is that youth was a ward of the court (in foster care) until age 18.

Has the youth applied for the Education and Training Voucher? Visit the ETV website at: mietv.lssm.org

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.